



CO. OF PAPERS  
ORIGINALLY FILED

PTO/SB/83 (03-02)

Approved for use through 10/31/2002. OMB 0651-0035  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

## REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT

Application Number	09/876,550
Filing Date	06/07/2001
First Named Inventor	DEAVILA, Pericles P.
Group Art Unit	3618
Examiner Name	
Attorney Docket Number	25-19-101

To: Assistant Commissioner for Patents  
Washington, DC 20231

#5

I hereby apply to withdraw as attorney or agent for the above identified patent application.

The reasons for this request are:

I will be closing my private practice to take a corporate patent attorney position and cannot retain responsibility for this application.

RECEIVED  
APR 01 2002  
GROUP 3600

- ☐ The correspondence address is NOT affected by this withdrawal.
- ☒ Change the correspondence address and direct all future correspondence to:

### CORRESPONDENCE ADDRESS

☐ Customer Number



Place Customer Number  
Bar Code Label here

OR

<input checked="" type="checkbox"/> Firm or Individual Name	Peric Deavilla				
Address	1611 116th Ave. NE				
Address					
City	Bellevue	State	WA	ZIP	98004
Country	US				
Telephone	425-646-7181	Fax	425-646-3020		

- ☒ This request is made on behalf of myself and
- ☐ all the attorneys/agents of record,
  - ☐ the attorneys/agents (with registration numbers) listed on the attached paper(s), or
  - ☐ the attorneys/agents associated with Customer Number \_\_\_\_\_

This request is enclosed in triplicate (including any attachments).

APPROVED

Name	Steven J. Kotula	MAY 01 2002
Signature		GERALD GOLDBERG, DIRECTOR
Date	3-15-02	

NOTE: Withdrawal is effective when approved rather than when received.

Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.